Work Order ID 58636

May 12, 2010 1:25:44 PM

Item ID:

D3935-3

Revision ID:

Item Name:

Pylon Wall Protector, LH

Start Date:

5/12/10

Start Qty: 2.00

Required Date: 5/13/10

Reg'd Qty: 2.00



Reference:

Approvals:

Process Plan:

OC:

Operation

Description

Draw Nbr

Work Center ID

Sequence ID/

Revision Nbr

D3935

В

Waterjet

FLOW CNC Wateriet

Memo

1-Cut as per Dwg D3935

Date:

Date:

Dwg Rev: Prog Rev:

2- Deburr if necessary

110

QC2- Inspect parts off machine FAI/FAIB

0.00

QC

Quality Control

Memo

0.00

Accept

Tooling:

0.00

0.00

SPC (Y/N):

Set Up/

Run Hours



Setup Start

Stop



Page 1

Cust Item ID:

Customer:

Date:

Date:

Run

Start

Stop



Draw Number

Draw Plan Rev.

Accept Code Qty

Reject Qty

Reject Number Stamp

Insp.

B10-5-13

Dart Aerospace Ltd W/O: **WORK ORDER CHANGES Approval** Approval DATE **STFP** PROCEDURE CHANGE Bv Qtv Date Chief Eng / QC Inspector Prod Mar Part No: ______ PAR #: ____ Fault Category: _____ NCR: Yes No DQA: ___ Date: ___ Resolution Disposition: QA: N/C Closed: Date: **WORK ORDER NON-CONFORMANCE (NCR)** NCR: **Corrective Action** Section B **Description of NC** Verification **Approval** DATE **STEP** Approval Sign & Initial **Action Description** Section A QC Inspector Section C Chief Ena Chief Eng Date Chief Eng

NOTE: Date & initial all entries

Work Order ID 58636

May 12, 2010 1:25:45 PM

Item ID:

D3935-3

Revision ID:

Item Name:

Pylon Wall Protector, LH

Start Date:

5/12/10

Start Qty: 2.00

Required Date: 5/13/10

Req'd Qty: 2.00



Accept



Date:

Date:

Draw

Rev.

Setup Start



Stop

Cust Item ID:

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Run

Start Stop

QC:

Date:

SPC (Y/N):

Set Up/

Run Hours

Draw Number Plan Code

Reject Accept Qty Qty

Reject Number

Insp. Stamp

Sequence ID/ Work Center 1D

120

Quality Control

Operation Description

QC8- Inspect parts - second check

Memo

0.00

0.00

Sides 13

130

Packaging Packaging

Identify as per dwg & Stock Location:

Memo

0.00

0.00

140

Quality Control

0.00

10/05/19 H

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W/O:				WO	RK ORDER CHANGE	S			1 ,
DATE	STEP		PROCEDURE CHANGE			Ву	Date Qty	Approval Chief Eng / Prod Mgr	Approva QC Inspecto
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NOTE: Date & initial all entres

Picklist Print

May 12, 2010 1:25:43 PM

Work Order ID: 58636

D3935-3

Parent Item: Parent Item Name:

Pylon Wall Protector, LH

Comments:

Item Name

IPP RevA: New issue DD verified by:EC

Replacement Mfg/ Item ID Purch Item

Primary Location

Location

MAT

Last Location

111710

112585

114032

sf

Loc Oty

2164.0758

152.333

1947.7428

64

Route

Seq ID

100

2,164.075

Hand

8.5323

Start Date: 5/12/10

Start Qty: 2.00

Qty on Qty per Kit

17.1

Status

Page 1

MLEXS.125-F60029-04

Component Item ID/

Purchased No

GE PLASTICS LEXAN SHEET

Unit of

Measure

Loc Code

Qty

Issued

1810-5-13

Required Date: 5/13/10

Required Qty: 2.00

Date

Issued

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W/O:				W	ORK ORDER CH	ANGES					.*
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H:\fFORMS\Quality Assurance\approved QA\NCRWO RevE

DART AEROSPACE LTD	Work Order:	58636
Description: Pylon WALL PROTETOR	Part Number:	03435-3
Inspection Dwg: 73935-3, Rev: B		Page 1 of 1

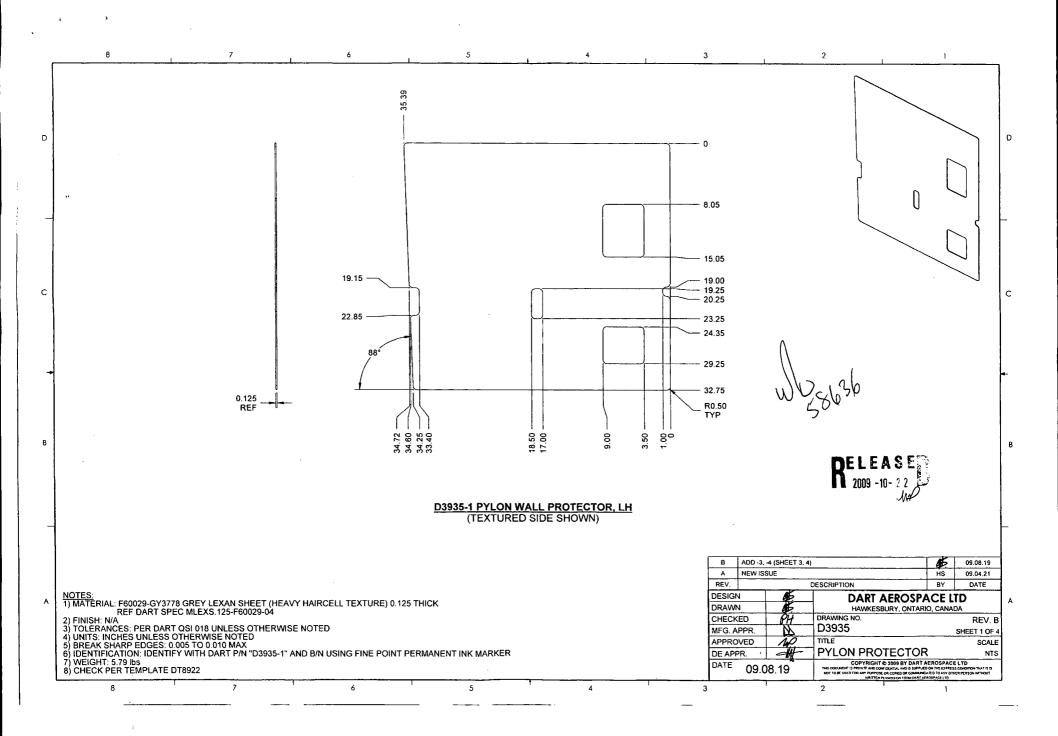
FIRST ARTICLE INSPECTION CHECKLIST

X First Article X Prototype

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
5.68	4030	5.68	6			
82.61	4/- 030	83.61	×			
18,75	1/030	18.75	L			
19.00	4- 039	19.00	42			
7075	4030	20.2€	9			
77,66	4 030	25.75	\$			
23,73	4030	23.73	u			
58,63	4/ .030	28.63	6	-		
32.75	430	39.75	2	_		
1.00	4 ,030	1.00	2			
3.50	41 .030	3.50	\$			
9.00	46.030	9.00	7			
17.00	430	17.00	2			
(8,56	4/ 30	18.50	70			
33.40	ولان -4	23,40	%			
34.25	4 030	34.25	16			
34.60	4- 30	34.60	15			
34,72	4- 30	34.72	B			
19.15		14.15	2			
28.66		39.86	\			
.135	4_ 1010	-131	6			

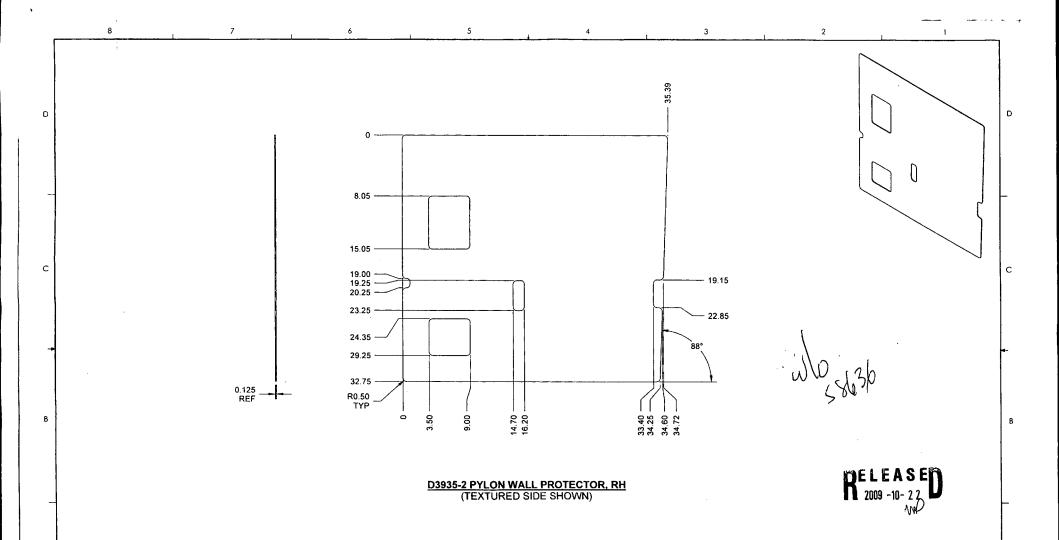
•					
Measured by:	12	Audited by:	8	Prototype Approval:	
Date:	10-5-12	Date:	145/13	Date:	

Rev	Date	Change	Revised by	Approved
A		New Issue	KJ/JLM	



Dart Ae	rospace Ltd							,
W/O:			WC	RK ORDER CHANGE	S			
DATE	STEP	PR	PROCEDURE CHANGE By			Date Qty	Approval Chief Eng / Prod Mgr	Approva QC Inspecto
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NOTE: Date & initial all entries



NOTES:
1) MATERIAL: F60029-GY3778 GREY LEXAN SHEET (HEAVY HAIRCELL TEXTURE) 0.125 THICK
REF DART SPEC MLEXS.125-F60029-04

REF DART SPEC MLEXS.125-F60029-04
2) FINISH: N/A
3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
4) UNITS: INCHES UNLESS OTHERWISE NOTED
5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3935-2" AND B/N USING FINE POINT PERMANENT INK MARKER
7) WEIGHT: 5.79 lbs
8) CHECK PER TEMPLATE DT8923

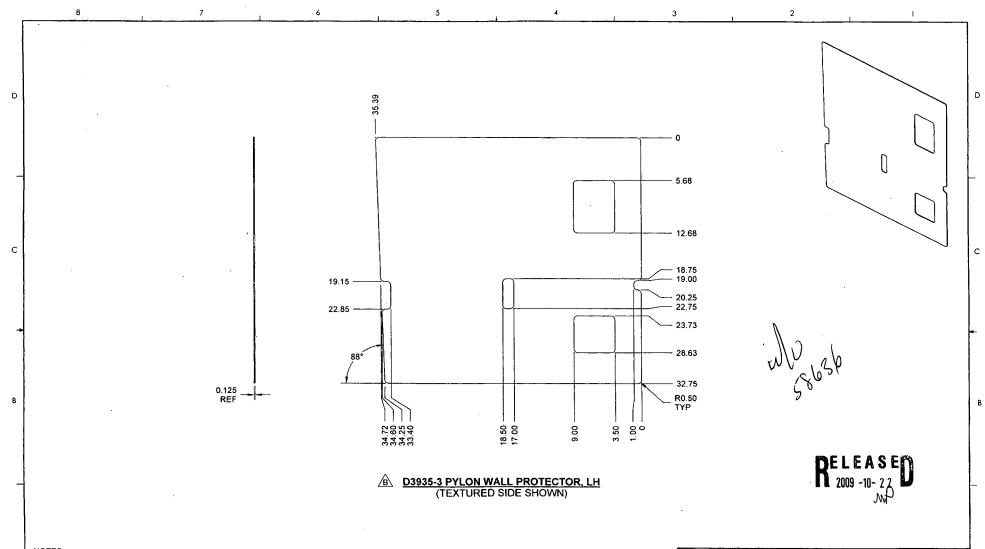
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DRAWN	\$	HAWKESBURY, ONTARIO, CANADA					
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MFG, APPR.	177	7 D3935	SHEET 2 OF 4				
APPROVED	10	TITLE	SCALE				
DE APPR.	#	PYLON PROTECTOR	NTS				
DATE 09.0	08.19	COPYRIGHT © 2008 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIME THE OWN DOFFINE, AND IS SUPPLIED ON THE EPIRESS COMMON THAT IT IS NOT TO USE USED FOR ANY EMPOSE OF COMPAN CALED TO ANY OTHER PERSON WITHOUT					

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W/O:				WC	RK ORDER CHANG	ES		-			
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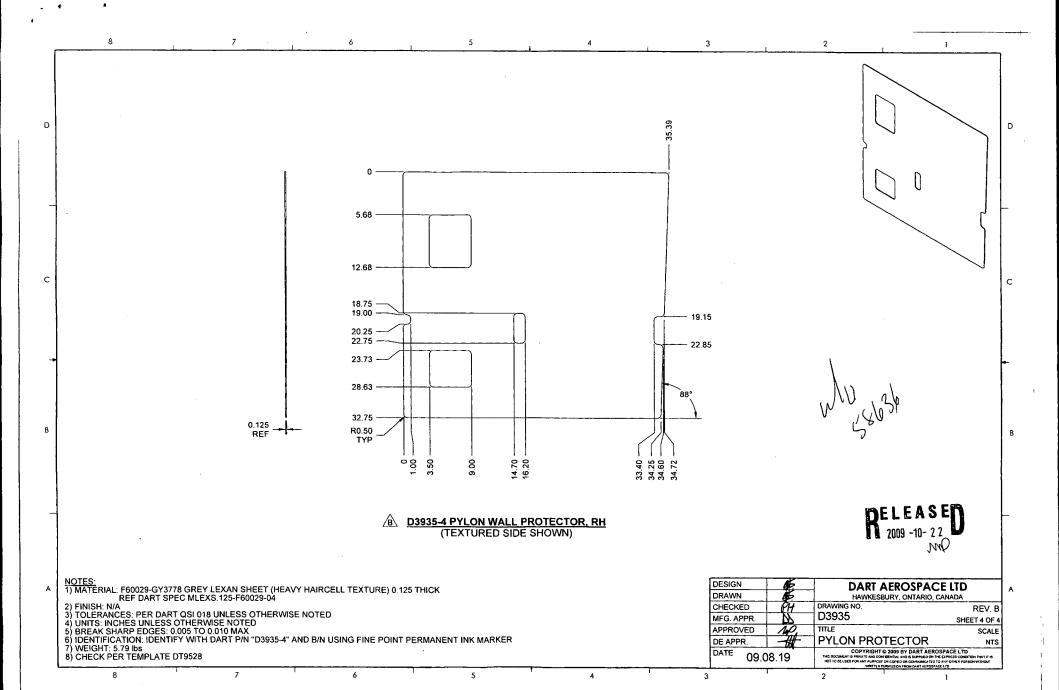
1) MATERIAL: F60029-GY3778 GREY LEXAN SHEET (HEAVY HAIRCELL TEXTURE) 0.125 THICK REF DART SPEC MLEXS.125-F60029-04

REF DART SPEC MLEXS.125-F60029-04
2) FINISH: N/A
3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
4) UNITS: INCHES UNLESS OTHERWISE NOTED
5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3935-3" AND B/N USING FINE POINT PERMANENT INK MARKER
7) WEIGHT: 5.79 lbs
8) CHECK PER TEMPLATE DT9527

DESIGN	8	DART AEROSPACI	ELTD				
DRAWN	A	HAWKESBURY, ONTARIO, CANADA					
CHECKED	PH	DRAWING NO.	REV. B				
MFG. APPR.	18	D3935	SHEET 3 OF 4				
APPROVED	NP.	TITLE	SCALE				
DE APPR.	-#	PYLON PROTECTOR	NTS				
DATE 09.0	8.19	COPYRIGHT © 2009 BY DART AEROSPACE LTD nes document in Private and conflicting aways supplied on the Central Confliction in that if it is not to be used for any purpose on compage of commencing to any other Person without					

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NOTE: Date & initial all entrie



Dart Aerospace Ltd W/O: **WORK ORDER CHANGES Approval Approval** DATE **STEP** PROCEDURE CHANGE Chief Eng / Prod Mgr By Date Qty QC Inspector Part No: ______ PAR #: ____ Fault Category: _____ NCR: Yes No DQA: ___ Date: ___ Resolution Disposition: _____ QA: N/C Closed: ____ Date: WORK ORDER NON-CONFORMANCE (NCR) NCR: **Corrective Action** Section B **D**escription of NC Verification DATE **STEP Approval Approval Action Description** Sign & Initial Section A QC Inspector Section C Chief Eng Chief Eng Chief Eng Date

NOTE: Date & initial all entres